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Bib Data Sheet

CONFIRMATION NO. 6263

SERIAL NUMBER 10/629,368	FILING OR 371(c) DATE 07/29/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 02-479-C
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/459,803 04/02/2003 and claims benefit of 60/426,902 11/15/2002  
 and claims benefit of 60/399,177 07/29/2002  
 and claims benefit of 60/399,176 07/29/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/27/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> Initials				

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**TITLE**

Myocardial perfusion imaging method

FILING FEE RECEIVED 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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